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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number <b>09/110,717</b>		Filing Date <b>07 July, 1998</b>		<input type="checkbox"/> To be Mailed				
				Applicant(s) <b>MILLS, RANDELL L.</b>		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51		4			
2				1			52		4			
3					1		53		4			
4					1		54		4			
5					1		55		4			
6					1		56		4			
7					1		57		4			
8					1		58		4			
9					1		59		4			
10					1		60		4			
11					1		61		4			
12					1		62		4			
13					1		63		4			
14					1		64		4			
15					1		65		4			
16					1		66		4			
17					1		67		4			
18					1		68		4			
19					1		69		4			
20					1		70		4			
21					1		71		4			
22			1				72		4			
23				1			73		4			
24					1		74		4			
25					1		75		4			
26					1		76		4			
27					1		77		4			
28					1		78		4			
29					1		79		4			
30					1		80		4			
31					1		81		4			
32					1		82		4			
33					1		83		4			
34					1		84		4			
35					1		85		4			
36					1		86		4			
37					1		87		4			
38					1		88		4			
39					1		89		4			
40					1		90		4			
41					1		91		4			
42					4		92		4			
43					4		93		4			
44					4		94		4			
45					4		95		4			
46					4		96		4			
47					4		97		4			
48					4		98		4			
49					4		99		4			
50					4		100		4			
Total Indep				2			Total Indep					
Total Depend					75		Total Depend			200		
Total Claims				77			Total Claims			200		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20071107-1.

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**Substitute for Form PTO-1360  
(For use with Form PTO/SB-06)

Application Number

09/110,717

Filing Date

07 July, 1998

Applicant(s)

MILLS, RANDELL L.

Page 2 of 2

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* May be used for additional claims or amendments		* May be used for additional claims or amendments		* May be used for additional claims or amendments		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101				4			151		1				
102				4			152		1				
103				4			153		1				
104				4			154		1				
105				4			155		1				
106				4			156		1				
107				4			157		1				
108				4			158		1				
109				4			159		1				
110				4			160		1				
111				4			161		1				
112				4			162		1				
113				4			163		1				
114				4			164		1				
115				4			165		1				
116				4			166	1					
117				4			167		1				
118				4			168						
119				4			169						
120				4			170						
121				4			171						
122				4			172						
123				4			173						
124				4			174						
125				4			175						
126				4			176						
127				4			177						
128				4			178						
129				4			179						
130				4			180						
131				4			181						
132				4			182						
133				4			183						
134				4			184						
135				4			185						
136				4			186						
137				4			187						
138				4			188						
139				4			189						
140				4			190						
141				4			191						
142				4			192						
143				4			193						
144				4			194						
145				1			195						
146				1			196						
147				1			197						
148				1			198						
149				1			199						
150				1			200						
Total Indep			0				Total Indep	1					
Total Depend				182			Total Depend		16				
Total Claims							Total Claims	17					

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